

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1975</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u> <u>180 INTERSTATE N. PARKWAY SUITE 300</u> <u>ATLANTA, GA 30339-2102</u>	2b Employer Identification Number (EIN) <u>58-2362089</u> 2c Sponsor's telephone number <u>770-980-5912</u> 2d Business code (see instructions) <u>541330</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/02/2012</u>	<u>MICHAEL DOWELL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/02/2012</u>	<u>JAMES VOGLEY</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") POLYSIUS CORP AND UHDE CORPORATION OF AMERICA 180 INTERSTATE N. PARKWAY SUITE 300 ATLANTA, GA 30339-2102	3b Administrator's EIN 58-2362089 3c Administrator's telephone number 770-980-5912
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	180
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	82
b Retired or separated participants receiving benefits.....	6b	53
c Other retired or separated participants entitled to future benefits.....	6c	48
d Subtotal. Add lines 6a , 6b , and 6c	6d	183
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	7
f Total. Add lines 6d and 6e	6f	190
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☒ 1 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	D Employer Identification Number (EIN) <u>58-2362089</u>

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>06-6033492</u>	<u>60054</u>	<u>004510</u>		<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **DISBURSEMENT PAYMENT ACCOUNT**

b Balance at the end of the previous year	7b	79448
c Additions: (1) Contributions deposited during the year	7c(1)	1000000
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	759
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶ UNREALIZED GAIN ON INVESTMENT	7c(5)	3
(6) Total additions	7c(6)	1000762
d Total of balance and additions (add b and c(6))	7d	1080210
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	747834
(2) Administration charge made by carrier	7e(2)	6538
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ OPERATING AND ADMIN EXPENSES	7e(4)	183
(5) Total deductions	7e(5)	754555
f Balance at the end of the current year (subtract e(5) from d)	7f	325655

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	D Employer Identification Number (EIN) <u>58-2362089</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>18502624</u>
b Actuarial value	2b <u>17150230</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>55</u> (1) Number of participants <u>7139957</u> (2) Funding Target
b For terminated vested participants	3b <u>50</u> <u>2288453</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>203268</u>
(2) Vested benefits	3c(2) <u>6005037</u>
(3) Total active	3c(3) <u>75</u> <u>6208305</u>
d Total	3d <u>180</u> <u>15636715</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.26 %</u>
6 Target normal cost	6 <u>537597</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/19/2012</u>
Signature of actuary	Date
<u>THOMAS G. FIELDS</u>	<u>11-05317</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>901-252-4000</u>
Firm name	Telephone number (including area code)
<u>3350 PLAYERS CLUB PKWY, SUITE 200</u> <u>MEMPHIS, TN 38125-8917</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2425376	2329143
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	312312	0
9 Amount remaining (line 7 minus line 8)	2113064	2329143
10 Interest on line 9 using prior year's actual return of <u>13.75</u> %	290546	320257
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		945600
b Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions)		85183
c Total available at beginning of current plan year to add to prefunding balance		1030783
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	412152	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1991458	2649400

Part III Funding percentages		
14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	109.67 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/10/2011	450000		08/01/2012	450000	
06/17/2011	95439		08/02/2012	50000	
03/12/2012	310053				
03/13/2012	50000				
06/12/2012	400000				
06/15/2012	50000				
			Totals ►	18(b)	1855492
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1738680
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	537597	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	537597	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	537597	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1738680	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1201083	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	D Employer Identification Number (EIN) <u>58-2362089</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MELLON GSS

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE KNOWN	9235	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

NEPC

ONE MAIN STREET
CAMBRIDGE, MA 02142-1524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE KNOWN	5043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF POLYSIUS CORP AND UHDE CORPORATION OF AMERICA	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 POLYSIUS CORP AND UHDE CORPORATION OF AMERICA	D Employer Identification Number (EIN) 58-2362089

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	17197101	18244203
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	79448	325655
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17276549	18569858

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17276549	18569858
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1846016	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1846016

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	761	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		761

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		217876
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2064653

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	747833	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		747833
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	9461	
(2) Contract administrator fees	2i(2)	2026	
(3) Investment advisory and management fees	2i(3)	5303	
(4) Other	2i(4)	6721	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23511
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		771344

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1293309
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>POLYSIUS CORP AND UHDE CORPORATION OF AMERICA</u>	D Employer Identification Number (EIN) <u>58-2362089</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-6033492</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
--	--	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2011
v.012611

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

**Financial Report
December 31, 2011**

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

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Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of Polysius Corp.
and Uhde Corporation of America

We were engaged to audit the modified cash basis financial statements and supplemental schedules of Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds certain plan investment assets and executes certain investment transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2011 and 2010 and for the years then ended that the information provided to the plan administrator by the Trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. These supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Plante & Moran, PLLC".

Clinton Township, Michigan
September 12, 2012

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Statement of Net Assets Available for Benefits Modified Cash Basis

	December 31, 2011	December 31, 2010
Assets - Investments		
Money market fund	\$ 325,655	\$ 79,448
Plan's interest in the ThyssenKrupp USA Master Trust (Note 5)	18,244,203	17,197,101
Net Assets Available for Benefits	\$ 18,569,858	\$ 17,276,549

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Statement of Changes in Net Assets Available for Benefits Modified Cash Basis

	Year Ended	
	December 31, 2011	December 31, 2010
Additions to Net Assets		
Employer contributions	\$ 1,846,016	\$ 2,287,169
Investment income:		
Interest and dividends	761	502
Plan's share of the ThyssenKrupp USA Master Trust investment income	217,876	1,996,509
Total investment income	218,637	1,997,011
Total additions	2,064,653	4,284,180
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	747,833	636,475
Administrative expenses	23,511	21,280
Total deductions	771,344	657,755
Net Increase	1,293,309	3,626,425
Net Assets Available for Benefits		
Beginning of year	17,276,549	13,650,124
End of year	<u><u>\$ 18,569,858</u></u>	<u><u>\$ 17,276,549</u></u>

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 1 - Plan Description

The following brief description of the Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan, as amended and restated through January 1, 2010, is a noncontributory defined benefit plan covering substantially all employees of Polysius Corp. and Uhde Corporation of America (collectively, the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting - Employees who are at least 21 years of age are eligible for participation in the Plan upon completion of one year of service. Employees are immediately vested in their contributions plus earnings thereon. Employees become fully vested in Company-funded accrued benefits upon completion of five years of service. Employees who terminate service before becoming fully vested forfeit all benefits under the Plan.

Pension Benefits - Normal retirement is permitted at the age of 65. The Plan permits early retirement based on certain age and credited service requirements. Monthly benefits are based on an annualized average of the participant's compensation and years of credited service, as described in the plan document. The Plan also contains provisions for disability, deferred vesting, and surviving spouse benefits.

Death Benefits - In certain circumstances, if an active or terminated participant who has a vested interest in the Plan dies prior to his or her normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the plan document.

Funding Policy - The Plan is supported by the Company and employee contributions. Neither the Company's contributions nor the plan assets are allocated for the accounts of individuals; however, records of individual employee contributions are maintained. Prior to January 1, 2006, participants were required to contribute 2.25 percent of their monthly compensation. Participants are fully and immediately vested in these contributions. Present employees' accumulated contributions at December 31, 2011 and 2010 were \$2,092,450 and \$2,415,755, respectively, including interest credit at an interest rate of 2.34 percent in 2011 and 2.95 percent in 2010, compounded annually. Beginning January 1, 2006, employee contributions are no longer allowed.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 1 - Plan Description (Continued)

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. The Company will also, from time to time, make additional contributions, with the total not to exceed the maximum contribution deductible under the Internal Revenue Code. Annual contributions meet the minimum funding requirements of ERISA.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation - The accompanying statements have been prepared on the modified cash basis of accounting. Under the modified cash basis of accounting, contributions and investment income are recorded when received, benefit payments and expenses are recorded when paid, and investments are recorded at fair market value.

Investment Valuation - The Plan's investments are stated at fair value. The fair value of the Plan's interest in the ThyssenKrupp USA Master Trust (the "Master Trust") is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Common stock, preferred stock, and mutual funds are valued at quoted market prices. Money market funds and interest-bearing cash are valued at their outstanding balances, which approximates fair value. The government securities and corporate obligations are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. Investments in common collective trust funds and partnerships are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. See Note 6 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Administrative expenses associated with the Plan are paid by the Plan unless voluntarily paid by the Company.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Use of Estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through September 12, 2012, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Investment Information

The trustee of the Plan, The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee"), holds the Master Trust's investments, except for the Aetna Money Market Insight Fund, and executes all related investment transactions. The investment balances and related investment results included in the accompanying financial statements, including information summarized in Note 5, are based solely on information provided by the Trustee.

Certain assets of the Master Trust are in investment funds managed by The Bank of New York Mellon/BNY Mellon, N.A. or its affiliates. Since The Bank of New York Mellon/BNY Mellon, N.A. is the trustee of the Plan, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines. The market value of these investments was approximately \$96,000,000 and \$114,000,000 at December 31, 2011 and 2010, respectively.

Aetna Life Insurance Company (Aetna) is the paying agent on behalf of the Plan. Certain investments of the Plan are managed by Aetna. As the paying agent, Aetna is a party-in-interest to the Plan.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered to the valuation date. These include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

The normal individual retirement benefit is equal to the participant's years of credited service multiplied by a monthly pension benefit in effect when the years of credited service were earned.

The actuarial present value of accumulated plan benefits is determined by the independent actuary, Towers Watson, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts and interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The determination was made as of January 1, 2011 and 2010.

The more significant actuarial assumptions underlying the actuarial computations at January 1, 2011 and 2010 are as follows:

Actuarial cost method	- Unit credit
Interest rate	- 8.00 percent for 2011 and 8.50 percent for 2010
Mortality basis	- RP-2000 Mortality Table
Retirement	- Normal retirement age
Salary projection	- 3.50 percent per annum

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits as of January 1, 2011 and 2010 was as follows:

	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 6,292,074	\$ 5,187,583
Other vested participants	6,929,680	6,473,103
Total vested benefits	13,221,754	11,660,686
Nonvested benefits	101,319	147,421
Total actuarial present value of accumulated plan benefits	<u>\$ 13,323,073</u>	<u>\$ 11,808,107</u>

The following schedule summarizes the components of net increase in actuarial present value of accumulated plan benefits for the years ended January 1, 2011 and 2010:

	2011	2010
Actuarial present value of accumulated plan benefits -		
Beginning of year	\$ 11,808,107	\$ 11,106,204
Increase (decrease) during the year attributable to:		
Benefits accumulated, including actuarial gains and losses	499,107	651,398
Interest due to the decrease in the discount period	1,009,623	922,323
Benefits paid	(636,475)	(589,774)
Plan amendment	-	16,895
Change of assumptions	642,711	(298,939)
Net increase	<u>1,514,966</u>	<u>701,903</u>
Actuarial present value of accumulated plan benefits -		
End of year	<u>\$ 13,323,073</u>	<u>\$ 11,808,107</u>

During 2011, the actuarial present value of accumulated plan benefits increased by \$642,711 as a result of the change in the discount rate from 8.50 percent in 2010 to 8.00 percent in 2011.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

During 2010, the actuarial present value of accumulated plan benefits decreased by \$298,939 as a result of the change in the discount rate from 8.25 percent in 2009 to 8.50 percent in 2010. Additionally, the actuarial present value of accumulated plan benefits increased by \$16,895 during 2010 as a result of the Plan being amended to comply with the Economic Growth and Tax Reconciliation Act of 2001, Pension Protection Act of 2006, Heroes Earnings Assistance and Relief Tax Act of 2008, and the Worker, Retiree, and Employer Recovery Act of 2008. The Plan was also amended during 2010 to update the pre-retirement nonspouse beneficiary coverage to treat single participants the same as married participants for detail benefit coverage.

Note 5 - Interest in Master Trust

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and several other pension plans sponsored by affiliated participating employers of ThyssenKrupp, USA, Inc. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the Trustee. At both December 31, 2011 and 2010, the Plan's interest in the net assets of the Master Trust was approximately 2 percent. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon their pro rata share in the net assets of the Master Trust.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 5 - Interest in Master Trust (Continued)

The following table is a summary, at fair value, of the net assets of the Master Trust at December 31, 2011 and 2010:

	2011	2010
Assets		
Cash - Noninterest-bearing	\$ 2,114,151	\$ 3,286,483
Investments - At fair value:		
Interest-bearing cash	13,164,328	32,969,669
Mutual funds	93,140,436	61,107,398
Common collective trust funds	215,793,598	210,757,821
Partnerships	101,672,265	92,545,961
U.S. government securities	100,069,829	99,288,459
U.S. government securities - Loaned	63,512,617	75,639,047
Corporate obligations	238,821,108	195,685,091
Corporate obligations - Loaned	5,763,876	9,436,970
Common and preferred stocks	150,157,764	199,217,145
Common and preferred stocks - Loaned	24,400,317	26,768,536
Total investments	1,006,496,138	1,003,416,097
Collateral held under securities lending agreements:		
Money market fund	93,179,439	114,486,791
U.S. government securities	2,743,041	-
Accrued interest and dividends	3,689,932	3,346,856
Net receivable for security sales	4,599,297	61,198
Total assets	1,112,821,998	1,124,597,425
Liabilities		
Obligation under securities lending agreements	(95,922,480)	(114,486,791)
Payables and unsettled trades	(137,254)	(1,131,130)
Total liabilities	(96,059,734)	(115,617,921)
Net Assets of the Master Trust	\$ 1,016,762,264	\$ 1,008,979,504

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 5 - Interest in Master Trust (Continued)

The investment income for the Master Trust for the years ended December 31, 2011 and 2010 is as follows:

	2011	2010
Net appreciation (depreciation) in fair value of investments:		
Mutual funds	\$ 724,295	\$ 3,167,524
Common collective trust funds	21,890,801	44,658,762
Partnerships	8,132,347	3,396,956
U.S. government securities	46,322,859	11,182,508
Corporate obligations	10,945,668	10,168,162
Common and preferred stocks	(60,491,534)	17,910,951
Net appreciation in fair value of investments	27,524,436	90,484,863
Interest and dividends	25,646,647	29,432,503
Gain on derivative instruments	2,667,785	1,636,794
Securities lending income	180,060	277,245
Net investment income	<u>\$ 56,018,928</u>	<u>\$ 121,831,405</u>

Securities Lending - The Master Trust participates in a securities lending program with the Trustee for its U.S. and non-U.S. securities held in custody with the Trustee. The program allows up to \$150,000,000 of the qualified assets to be on loan at any given time. These securities are lent to certain unrelated third-party brokers in exchange for cash and noncash collaterals. U.S. assets and non-U.S. assets on loan are collateralized at 102 percent and 105 percent, respectively, of the assets' market value.

The net assets of the Master Trust reflect, as an asset, the collateral received under the securities lending arrangement with an offsetting liability representing the Master Trust's obligation to return the collateral to the borrower. The collateral received from borrowers totaled \$95,922,480 and \$114,486,791 as of December 31, 2011 and 2010, respectively. This consisted of cash collateral received of \$93,179,439 and \$114,486,791, which was invested in the ASL short-term fund, a money market fund, and noncash collateral of \$2,743,041 and \$0 at December 31, 2011 and 2010, respectively. The noncash collateral received primarily consisted of fixed-income securities and letters of credit. In the event that a loaned security is called, the Master Trust will receive the market value of the asset in cash. The market value of loaned securities totaled \$93,676,810 and \$111,844,553 at December 31, 2011 and 2010, respectively.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 5 - Interest in Master Trust (Continued)

Derivative Instruments - The Master Trust is party to certain agreements, which are designed to manage exposures to foreign exchange and interest rate risks. The interest rate and foreign currency instruments are used for the purpose of hedging changes in the fair value of assets that result from interest rate changes and currency fluctuations, or as an efficient substitute for traditional securities. The notional amount represents the contract amount, not the amount at risk. The notional amount of interest rate instruments was approximately \$6,400,000 and \$13,000,000 at December 31, 2011 and 2010, respectively. The notional amount of foreign currency instruments was approximately \$5,600,000 and \$8,900,000 at December 31, 2011 and 2010, respectively. The estimated fair value of derivative instruments at December 31, 2011 and 2010 is insignificant. For the years ended December 31, 2011 and 2010, gains of \$2,667,785 and \$1,636,794, respectively, attributable to derivative instruments were recognized as investment income in the statement of changes in net assets available for benefits.

The investment managers, on behalf of the Master Trust, manage its interest rate and foreign currency risks by limiting exposure to and by monitoring the financial condition of each counterparty. In the unlikely event that a counterparty fails to meet the terms of an interest rate or foreign currency agreement, the Master Trust's risk is limited to the fair value of the instrument.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2011 and 2010 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 6 - Fair Value Measurements (Continued)

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2011 and 2010.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 6 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2011

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Balance at December 31, 2011
Investments			
Mutual funds:			
Equity investments	\$ 50,291,529	\$ -	\$ 50,291,529
Fixed-income investments	42,848,907	-	42,848,907
Common collective trust funds:			
Equity investments	-	147,591,742	147,591,742
Balanced investments	-	68,201,856	68,201,856
Partnerships	-	101,672,265	101,672,265
Common and preferred stocks:			
U.S. equities:			
Banks	12,105,909	-	12,105,909
Chemicals	5,450,736	-	5,450,736
Health care	6,875,812	-	6,875,812
Oil and gas	9,192,380	-	9,192,380
Pharmaceuticals	8,805,586	-	8,805,586
Retail	9,581,869	-	9,581,869
Other U.S. equities	71,697,103	-	71,697,103
International equities	50,848,686	-	50,848,686
Debt securities:			
U.S. government and agencies	124,062,335	25,197,396	149,259,731
State government and agencies	-	7,390,790	7,390,790
Corporate obligations	-	227,519,026	227,519,026
Foreign governments	-	3,235,003	3,235,003
Residential mortgage-backed securities	-	13,627,047	13,627,047
Commercial mortgage-backed securities - Corporate	-	203,909	203,909
Commercial mortgage-backed securities - U.S. government	-	9,674,966	9,674,966
Short-term investments:			
Money market fund	-	93,179,438	93,179,438
Interest-bearing cash	40,983	13,123,345	13,164,328
Total	\$ 391,801,835	\$ 710,616,783	\$ 1,102,418,618

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 6 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Balance at December 31, 2010
Investments			
Mutual funds:			
Equity investments	\$ 34,514,552	\$ -	\$ 34,514,552
Fixed-income investments	26,592,846	-	26,592,846
Common collective trust funds:			
Equity investments	-	159,730,889	159,730,889
Balanced investments	-	51,026,932	51,026,932
Partnerships	-	92,545,961	92,545,961
Common and preferred stocks:			
U.S. equities:			
Capital goods	9,059,587	-	9,059,587
Consumer products	15,013,888	-	15,013,888
Financial services	7,435,851	-	7,435,851
Healthcare	9,338,330	-	9,338,330
Oil and gas	10,072,127	-	10,072,127
Technology	10,199,684	-	10,199,684
Other U.S. equities	73,428,464	-	73,428,464
International equities	91,437,750	-	91,437,750
Debt securities:			
U.S. government and agencies	134,023,531	28,167,968	162,191,499
State government and agencies	-	5,583,871	5,583,871
Corporate obligations	-	175,429,803	175,429,803
Foreign governments	-	1,186,202	1,186,202
Residential mortgage-backed securities	-	20,516,066	20,516,066
Commercial mortgage-backed securities - Corporate	-	7,989,990	7,989,990
Commercial mortgage-backed securities - U.S. government	-	7,152,136	7,152,136
Short-term investments:			
Money market fund	-	114,486,791	114,486,791
Interest-bearing cash	16,870	32,952,799	32,969,669
Total	<u>\$ 421,133,480</u>	<u>\$ 696,769,408</u>	<u>\$ 1,117,902,888</u>

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 6 - Fair Value Measurements (Continued)

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including accrued income, receivables for security sales, accrued liabilities, and payables and unsettled trades. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of such instruments.

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At December 31, 2011 and 2010, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

Investments Held at December 31, 2011

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency, if Eligible</u>	<u>Redemption Notice Period (in business days)</u>
Common collective trust fund - Equity investments (1)	\$ 147,591,741	\$ -	Daily	1
Common collective trust fund - Balanced investments (2)	68,201,856	-	Monthly	10
Partnerships:				
GMO Multi-Strategy Fund (Offshore), L.P. (3)	19,409,139	-	Monthly	5
Western Asset Global Multi Strategy LLC (4)	82,263,126	-	Daily	15
Total	<u>\$ 317,465,862</u>	<u>\$ -</u>		

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 6 - Fair Value Measurements (Continued)

Investments Held at December 31, 2010

	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period (in business days)
Common collective trust fund - Equity investments (1)	\$ 159,730,889	\$ -	Daily	1
Common collective trust fund - Balanced investments (2)	51,026,932	-	Monthly	10
Partnerships:	-	-		
GMO Multi-Strategy Fund (Offshore), L.P. (3)	13,375,020	-	Monthly	5
Western Asset Global Multi Strategy LLC (4)	79,170,941	-	Daily	15
Total	<u>\$ 303,303,782</u>	<u>\$ -</u>		

- (1) This class represents investments in actively managed common collective trust funds that invest primarily in equity securities which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed common collective trust funds with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) GMO Multi-Strategy Fund (Offshore), L.P. invests in various investment funds seeking a variety of investment strategies including common stock, depository receipts, bonds (including sovereign debt of emerging countries), commodities, currencies, forwards, futures, options, and swap agreements.
- (4) Western Asset Global Multi Strategy, LLC invests primarily in global fixed-income securities in both developed and emerging market countries that are generally rated at least BBB by Standard & Poor's, or equivalent quality.

Note 7 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated August 27, 2010, indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes it is no longer subject to tax examinations for years prior to 2008.

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Notes to Financial Statements December 31, 2011 and 2010

Note 8 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Polysius Corp. and Uhde Corporation of America
EIN/PN	58-2362089/001
Plan Name	Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
Valuation Date	January 1, 2011
Enrolled Actuary	Thomas G. Fields
Enrollment Number	11-05317

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2011

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name:	Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
EIN / PN:	58-2362089 / 001
Plan Sponsor:	Polysius Corp. and Uhde Corporation of America
Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Polysius Corp. and Uhde Corporation of America

EIN/PN

58-2362089/001

Discount Rates

Interest rate basis

- Applicable month September
- Yield curve basis 3 Segment Rates

Current plan year PPA interest rates

- First segment rate 3.78%
- Second segment rate 6.31%
- Third segment rate 6.57%
- Effective interest rate 6.26%

Prior plan year PPA interest rate

- Effective interest rate 6.67%

Assumed Cost of Living Adjustments

None.

Plan Name: Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
EIN / PN: 58-2362089 / 001
Plan Sponsor: Polysius Corp. and Uhde Corporation of America
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Plan-related Expenses

The amount included this year for plan-related expenses is \$ 16,864.

Mortality

The prescribed mortality assumption under IRC §430(h)(3)(A) using the blended statistic table option for smaller plans.

Retirement

It is assumed that participants will retire upon becoming eligible for normal retirement.

Disability Rates

None.

Disabled Mortality

Not applicable.

Compensation Increases

For purposes of determining the target normal cost, compensation is assumed to increase by 3.50% during the plan year. For purposes of determining the additional Funding Target for maximum deductible contribution purposes, compensation is assumed to increase by 3.50% per annum.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name:	Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
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Plan Sponsor:	Polysius Corp. and Uhde Corporation of America
Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement, or Mortality

Attained Age	Rates for Males and Females
20	8.00
25	8.00
30	6.83
35	5.67
40	4.50
45	3.33
50	2.17
55	1.00
60 and over	0.00

Form of Payment

For all non-retired participants, a modified cash refund annuity was valued. It is assumed that 50% of retirees will elect the 100% joint and survivor form of payment.

Marriage

For non-retired participants, 100% were assumed to be married. Husbands are assumed to be three years older than their wives.

Employees

It was assumed there will be no new or rehired employees.

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.

Cash flow and timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Valuation date

First day of plan year

Plan Name: Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
EIN / PN: 58-2362089 / 001
Plan Sponsor: Polysius Corp. and Uhde Corporation of America
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2010 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

Employee data was supplied by the plan sponsor as of the census date, January 1, 2011.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Polysius Corp. and Uhde Corporation of America and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name:	Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
EIN / PN:	58-2362089 / 001
Plan Sponsor:	Polysius Corp. and Uhde Corporation of America
Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Polysius Corp. and Uhde Corporation of America

Plan

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Effective Date and Most Recent Amendment

The Plan was restated on December 1, 2001. The last amendment reflected herein is Amendment Number 31 effective January 1, 2010.

Plan Year

The twelve-month period ending December 31.

Eligibility Requirements

1. Completion of one Year of Service
2. Age 21
3. Has made a written agreement to make Participant Contributions. Effective January 1, 2006, employee contributions are no longer required

Years of Credited Service

1. Years and complete months of service, beginning on Employment Commencement Date.
2. Prior to January 1, 2006, period of Service is granted during which the Employee elected to make contributions.

Plan Name:	Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
EIN / PN:	58-2362089 / 001
Plan Sponsor:	Polysius Corp. and Uhde Corporation of America
Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Accrued Benefit

Effective January 1, 2006

One and one-half percent (1.5%) of Final Average Earnings multiplied by the number of Years of Credited Service, prior to January 1, 2006 plus one percent (1.0%) of Final Average Earnings multiplied by Years of Credited Service after December 31, 2005.

In no event shall a Participant's Accrued Benefit be less than the Benefit Attributable to Participant Contributions.

Final Average Compensation

Final average earning is determined based on the highest five years pay out of the most recent 10 years compensation.

Normal Retirement Benefit

Eligibility: Attainment of age 65.

Annual Annuity Benefit: Accrued Benefit.

Late Retirement

Eligibility: Any age after attaining Normal Retirement Age.

Annual Annuity Benefit: Accrued Benefit using continued Years of Service and Total Annual Compensation.

Early Retirement Benefit

Eligibility: Attainment of age 55.

Annual Annuity Benefit: Accrued Benefit reduced for early commencement, using the factors from the following table:

Attained Age	Factor	Attained Age	Factor
64	91.6%	59	61.5%
63	84.1%	58	57.2%
62	77.5%	57	53.3%
61	71.5%	56	49.8%
60	66.3%	55	46.6%

Plan Name: Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

EIN / PN: 58-2362089 / 001

Plan Sponsor: Polysius Corp. and Uhde Corporation of America

Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Vesting Benefits

Eligibility: Completion of at least five Years of Service. A participant will also become vested upon attainment of Early Retirement Age (age 55).

Annual Annuity Benefit: Accrued Benefit payable at Normal Retirement. If eligible, the participant may elect to commence his benefits under the Early Retirement section of the plan. (As early as 55.)

Death Benefits

Eligibility: All participants are eligible for Death benefits under the plan.

Benefit: The participant's surviving spouse shall receive the spousal benefit of the 50% joint and contingent benefit based upon the Accrued Benefit at date of death payable at what would have been the participant's Normal Retirement Date. If eligible, the benefit may be paid on a reduced basis on what would have been the participant's earliest Early Retirement Date.

Normal Form of Payment

The Normal Form of Payment is a modified cash refund annuity.

For married participants:

The Normal Form of Payment must be elected with spousal consent. If no election is made, then the form of payment is automatically a joint and 50% contingent annuity with the spouse as the co-pensioner. This form of payment is actuarially equivalent to the Normal Form of Payment.

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Available optional forms include a social security adjustment option, a 75% joint and survivor annuity, a $66\frac{2}{3}\%$ joint and survivor option, a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on an interest rate of 4.5% and the 1951 Group Annuity Mortality Table with a 6-year setback for the participant and a 1-year setback for the spouse.

Plan Name:	Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
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Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Participants' Contributions

2.25% of Earnings. Effective January 1, 2006, employee contributions are no longer required or allowed.

Future plan changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes to the principal plan provisions since the preceding valuation.

Plan Name:	Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
EIN / PN:	58-2362089 / 001
Plan Sponsor:	Polysius Corp. and Uhde Corporation of America
Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2011

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		3		0		0		0		0		0		0		0		0	
30 - 34	0		4		2		0		0		0		0		0		0		0	
35 - 39	0		1		2		0		0		0		0		0		0		0	
40 - 44	0		9		5		1		0		0		0		0		0		0	
45 - 49	0		5		3		3		1		0		1		0		0		0	
50 - 54	0		2		3		1		3		0		1		0		0		0	
55 - 59	0		2		4		3		0		1		0		0		0		0	
60 - 64	0		0		4		1		1		1		1		1		0		0	
65 - 69	0		1		1		1		1		1		0		0		1		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America
 EIN / PN: 58-2362089 / 001
 Plan Sponsor: Polysius Corp. and Uhde Corporation of America
 Valuation Date: January 1, 2011

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Schedule of Assets Held at End of Year Modified Cash Basis Form 5500, Schedule H, Line 4i EIN 58-2362089, Plan No. 001 December 31, 2011

<u>(a)(b)</u> <u>Identity of Issuer</u>	<u>(c)</u> <u>Description of Investment</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current Value</u>
Aetna Life Insurance Company	Money Market Insight Fund	*	<u>\$ 325,655</u>

* Indicates a party-in-interest to the Plan

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Schedule of Reportable Transactions - Modified Cash Basis Form 5500, Schedule H, Line 4j EIN 58-2362089, Plan No. 001 Year Ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	\$ 200,000	\$ -	\$ 200,000	\$ 200,000	\$ -
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	200,000	-	200,000	200,000	-
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	200,000	-	200,000	200,000	-
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	200,000	-	200,000	200,000	-
Aetna Life Insurance Company	Money Market Insight Fund - Purchase	200,000	-	200,000	200,000	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	55,587	55,587	55,587	-

Retirement Plan for Employees of Polysius Corp. and Uhde Corporation of America

Schedule of Reportable Transactions - Modified Cash Basis (Continued) Form 5500, Schedule H, Line 4j EIN 58-2362089, Plan No. 001 Year Ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) (Continued):						
Aetna Life Insurance Company	Money Market Insight Fund - Sale	\$ -	\$ 4,867	\$ 4,867	\$ 4,867	\$ -
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	5,545	5,545	5,545	-
Aetna Life Insurance Company	Money Market Insight Fund - Sale	-	4,394	4,394	4,394	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of total plan assets:						
Aetna Life Insurance Company	Money Market Insight Fund:					
	Purchases - 5	1,000,000	-	1,000,000	1,000,000	-
	Sales - 722	-	753,793	753,793	753,793	-

There were no Category (ii) or (iv) reportable transactions during the year.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Ret. Plan for Emp. of Polysius Corp and Uhde Corp of America	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Polysius Corp. and Uhde Corporation of America	D Employer Identification Number (EIN) 58-2362089
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	18,502,624
b Actuarial value	2b	17,150,230
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 55	7,139,957
b For terminated vested participants	3b 50	2,288,453
c For active participants:		
(1) Non-vested benefits.....	3c(1)	203,268
(2) Vested benefits	3c(2)	6,005,037
(3) Total active.....	3c(3) 75	6,208,305
d Total.....	3d 180	15,636,715
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.26 %
6 Target normal cost	6	537,597

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Thomas G. Fields 	9/19/2012
Signature of actuary		Date
Thomas G. Fields		11-05317
Type or print name of actuary		Most recent enrollment number
Towers Watson Delaware Inc.		(901) 252-4000
Firm name		Telephone number (including area code)
3350 Players Club Pkwy, Suite 200		
Memphis TN 38125-8917		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	2,425,376	2,329,143
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	312,312	0
9 Amount remaining (line 7 minus line 8).....	2,113,064	2,329,143
10 Interest on line 9 using prior year's actual return of <u>13.75</u> %.....	290,546	320,257
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		945,600
b Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions).....		85,183
c Total available at beginning of current plan year to add to prefunding balance.....		1,030,783
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	412,152	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	1,991,458	2,649,400

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	109.67 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	97.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/10/2011	450,000		08/01/2012	450,000	
06/17/2011	95,439		08/02/2012	50,000	
03/12/2012	310,053				
03/13/2012	50,000				
06/12/2012	400,000				
06/15/2012	50,000				
Totals •			18(b)	1,855,492	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,738,680

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	537,597	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment.....		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	537,597	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	537,597	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,738,680	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,201,083	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	